

LSD AND SEXUALITY

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Review of a case of homosexuality treated therapeutically with LSD and description of a male-female psychedelic session program.

This presentation is in the form of a clinical report and some speculations, regarding some of the relationships that we have noted between the use of psychedelic chemicals and sexual behavior. We shall consider two aspects of this relationship—one concerns the effect of psychedelics on marked sexual pathology, and the other their effect on normal sexual experience. In general, we have assumed that the sexual pathology with which we have been dealing is primarily psychogenic in nature, although the effects may be the result of intermediate endocrine action as well. Furthermore, we have leaned towards a Freudian model of the early development of sexual identity.

As for the manner in which the psychedelic chemicals affect the nervous system—we still do not actually know. It seems likely that LSD and the other psychedelics affect the serotonin at the synapses between neurons—most notably in the perceptual, cognitive, and affective areas of the brain. This effect is realized psychologically in alteration of association patterns.

The subjective experience of this alteration in association patterns is extraordinary. When a stimulus is presented, rather than experiencing only the most highly probable cognitive or affective associations (which, of course, may be pathological), one experiences perhaps all possible responses simultaneously—providing an experiential richness, freshness, and inter-relatedness which then, theoretically, allows for the possibility of the emergence of new external behavioral responses. The actual cognitive and affective richness of experience cannot, of course, find direct expression in conceptualized thought (the maximum speed of

which is about three concepts per second), but there is provided a new experiential base from which to act. It is impressive to experience the amazing richness of associative material which one's brain can process simultaneously.

Thus it is our working model that the psychedelics work as a therapeutic vehicle through perceptual-cognitive-affective reorganization. For example, if a man looks at a woman about whom he usually has certain highly fixed associative habits of perceiving, thinking, and feeling, after the ingestion of a psychedelic chemical he not only sees her in the habitual way but sees her in literally hundreds of other ways as well. This fresh perception allows for the development of a set of new mediating responses and ultimately an alteration in external behavior patterns. It is the myriad minimal cues in a human face which lead to the associational lushness—the set of a cheek bone, a wrinkle by the eye, the pinkness of skin, the depth of eye, the fullness of a lip, trigger off associations of ethnic, age, historical and social dimensions. Our male subjects report over and over again that to look at one woman is to see "woman"—the harlot, the virgin, the seductress, the juvenile, the matron, the mother and so on, with all feelings—lust, anger, love, kindness, protectiveness, vulnerability... and to look at any man is to see "man."

LSD is very difficult to work with therapeutically. Extensive programming of sessions is required and there is a need for the understanding of the experience by the therapist. This means that every therapist or guide has to have had psychedelic experiences himself before considering the

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use of psychedelics as a therapeutic device. The case I'm going to review briefly concerns a thirty-eight year old male who's been acting out homosexual behavior since the age of fifteen. He has had literally thousands of homosexual encounters, all of one or two incident duration, and has during this time had sexual relations quite unsatisfactorily with three women. He considered himself "bisexual."

Prior to the first session with LSD there was a two-week preparation period; that is, a period of the guide and subject getting to know one another, a case workup, as well as directed reading to prepare the subject to help program his own experiences.

It is important in assessing critical variables involved in change to keep in mind the tremendous amount of time that the guide and the subject spend together. This time may indeed be all that accounts for the changes in behavior; it may not be the LSD at all. Those of us that have worked with the LSD, however, suspect otherwise.

Session I was primarily an orientation session, with 200 mcgms of LSD allowing the subject to get familiar with the experience of taking a psychedelic chemical. The session lasted 15 hours and was carried out in a comfortable, quiet place. Soft music and a psychologically safe and warm environment were provided to allow the subject to relax and go with the hallucinations and the associations without much direction other than a few short pre-arranged readings of a basically Taoist nature.

Keep in mind that the subject is a person who contacted me by letter and said, "I am primarily an overt acting-out homosexual and I don't want to be anymore. I've heard about LSD and I think it could help me. Would you work with me?" And yet it is only in the second session that we start to deal specifically with the symptom. Before the second session, the subject and I collaboratively picked the artifacts that we would use in the session. Using a Wolpian type approach to anxiety areas, we selected a set of slides of great paintings of women (such as the Mona Lisa and works of Rafael

and Titian) for presentation during the session.

The first two hours of Session II were quiet hours with soft music—a time during which the participants could relax and float free of encumbering identities. Then, the preselected slides were presented for about ten minutes each, enlarged to life size, for a total time of about one and a half hours. Following this period the subject was presented with a set of photographs (his mother, old girlfriends, and current women friends), which he had collected prior to the session for this purpose. He studied these photos for another two hours. (With other subjects an additional step has been used involving a mirror and the contemplation of the subject's own body.) Throughout the presentation of the slides and photos the guide had, for the most part, been silent, now and then gently asking such questions as "Who is that?" "Who else?" "What are the characteristics of that woman?" "What is woman?"

Later the subject reported that he had felt an initial panic reaction of withdrawal followed by increasing involvement, ultimately experiencing "how biologically obvious heterosexuality is." He reported experiencing an attraction, both sexual and otherwise, towards these women. This excited and encouraged him, for it was the first time he could consciously recall having experienced such feelings in connection with females.

Session III, a month later, could be called a Tantric session. Those of you who are familiar with Garrison's book on Tantric Yoga will understand what I'm talking about.* The subject chose a female companion—somebody who was close to him and who would like to have a relationship with him. She in turn collaborated in preparation for the session. Her main role (she did not ingest any chemical) was to just "be there" and to hold him through the session if he desired it. At first the subject experienced an intense panic reaction. He experienced impotence, shrivelling of the penis, and a cold fear. No demands were made upon him, and the eight or ten hours of the session allowed him to work through much of his

*Garrison, Omar, *Tantra: The Yoga of Sex*, Julian Press, 1966.



Medieval Indian Drawing Representing Union of Fire and Water

anxiety. He was, however, left still very uncertain about his sexual identity. Between sessions, by the way, he was acting out homosexually, although the frequency and compulsivity was diminishing.

Session IV, which he was somewhat reticent to have after his panic of Session III along with my own discouragement after Session III, was again with the same woman. This time he experienced very strong sexual desire towards the woman almost immediately and they experienced sexual union, which she reported as the most profound sexual experience of her life. This encouraged him considerably.

One year later our subject is now living with a woman—it is another woman, unfortunately, or fortunately, I don't know. But he has been living with her for eight months. They have been having intercourse every night, except during her periods. He has had two homosexual experiences since that time and he did them, he said, mostly to test and find out "where he was at" and whether or not the changes were real. Now he finds he can still involve himself in homosexual experiences but he keeps returning to the heterosexual one and finds it indeed far more satisfying. This is a major change in his perceptual, cognitive, and affective organization. I can't tell you what will happen a half year from now. He may be

back out on the streets; I certainly don't guarantee a thing.

Turning now to the enrichment of normal sexual behavior through the use of psychedelics, one can adopt a model that suggests that through perceptual reorganization the sexual encounter becomes immersed in a far broader biological as well as spiritual and social context—thus enriching it immeasurably. Students of sexual yoga already are familiar with this model. Through it, the partners transcend the subject-object relationship which characterizes much of the sexual practices in our country, and merge into the unitive experience which is dominant over the individuals involved. As part of this experience with psychedelics, sex is no longer genitally localized. The entire armamentarium of senses enter into the sexual experience in such a way that one experiences a total body orgasm. Those familiar with Eastern practices will undoubtedly associate this experience with its symbol—the thousand-petal lotus flower.

In exploration with people who are not presenting pathology we have arranged a number of sessions for married couples who wish to explore their relationship more deeply. From these experiences we have developed a manual for making a marriage new which was published in the book, "LSD," which I co-authored with Sidney Cohen and Larry

Schiller. I'll quote briefly from that section.*

It's important that participants be familiar with the psychedelic experience and it is assumed that both partners have previously had individual sessions to ensure a sufficient familiarity with the unusual aspects of the experience to allow them to collaborate in a programmed session. The guide and the couple should discuss the entire plan for the session in advance, including the music to be played, the words to be spoken by the guide, the artifacts to be used, the dosage, the timing involved, the exact schedule and contract of the session.

The setting should be quiet, with no possibility of disturbance, beautiful and comfortable for the participants. Two single covered mattresses are placed about six inches apart on the floor or two beds next to each other. Each partner lies on one of the mattresses with the guide sitting behind them, one candle is on either side of the couple. After ingestion of the psychedelic chemical the two partners relax quietly while familiar music is played interspersed with readings by the guide, and these readings can be anything chosen by the couple from prose or poetry, any kind of marriage manual they would like. As the chemical starts to take effect the guide places next to each of the participants a mirror, so that each participant can look into it and see his own face only. As agreed upon in advance, the two participants turn away from one another and each looks into his mirror. After a period of silence the guide speaks (it is agreed upon during the session that the partners will not speak at any time) and the guide asks the question, he asks them to ask of themselves, "Who am I?" At five minute intervals he repeats the question, "Who else am I?"

Now as you look into a mirror under LSD you see yourself as in all the ways you've ever known yourself, as a devil, as a wise man, as a promising young

person, as an irresponsible person, as a lover, as a child, as somebody growing old and so on. As the guide repeats the question over and over, the partners see themselves in all the familiar ways in which they know themselves, both ugly and beautiful. The guide recommends that they keep going behind each face until they each find their own calm center.

Stage II. He then moves one of the candles between the two mattresses and then removes the mirror and extinguishes the other candle. As agreed upon in advance the partners are now to look at one another. They are not to engage in any body contact or for that matter to make any social contact during this stage. They are merely to study one another.

The guide says, "Now look at your partner and see who he or she is, and who else—and who else. He is all men and she is all women. Keep looking behind each face until you find his or her calm center." And again, this goes on until the guide feels that they have completed this stage which is roughly about an hour.

Stage III. When the guide senses the time is right, he removes the single remaining candle, joins the hands of the couple and says, "Now listen carefully to one another's bodies. Through their merging you shall find a new calm center."

The guide, as prearranged, extinguishes the candle, leaves the room and remains on call in another part of the house. This ends one example of a manual for making a marriage new.

My own conclusion is that psychedelics offer the possibility of enriching the sexual life of the average individual and show some promise in alleviating sexual pathology. However, a tremendous amount of obvious research clearly must be done. I hope that in the near future the politics of the situation will allow for that possibility.

*LSD, Alpert, R., Cohen, S., and Schiller, L., New Amer. Library, 1966, pp 40-41.